

# PROPERTY DISPOSITION REPORT

DATA FIELDS WITH A RED BORDER ARE REQUIRED

**TO:** NEVADA STATE PURCHASING DIVISION  
PROPERTY MANAGEMENT PROGRAM  
515 E MUSSER ST, STE 300  
CARSON CITY, NV 89701  
PH: (775) 684-0192 FAX: (775) 684-0188  
Email completed forms to: glandry@admin.nv.gov

**FROM:** Agency Name : \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax \_\_\_\_\_  
Property address: \_\_\_\_\_  
Contact: \_\_\_\_\_ Ph: \_\_\_\_\_

## **DISPOSITION OF PROPERTY IS EXCESS, BEYOND REPAIR, LOST/STOLEN OR TRANSFERRED/DONATED**

Please complete a separate report for each disposition action requested. Please provide a complete description of property including condition, State I.D. # (if applicable) and budget account from which the property was originally purchased. **Agency must obtain disposition approval from Nevada State Purchasing Property Management before agency may proceed with disposition.**

- ☐ **EXCESS** to the needs of this department. Point of contact and telephone number must be provided above.
- ☐ **BEYOND REPAIR:** Recommend property be junked. Provide detailed explanation as to condition. **REMOVAL OF PROPERTY TO BE AT AGENCIES EXPENSE OR CONTACT BUILDINGS AND GROUNDS. Remove State ID# tag and any State emblems before disposal.**
- ☐ **LOST/MISSING/STOLEN:** The agency head must be notified immediately of lost/missing/stolen items. Please attach a police report or other documentation to describe circumstances. Agency must process a FC document in Advantage noting date of Lost/Missing item(s). Item(s) must remain on agency's inventory for two inventory cycles prior to processing PDR and item(s) being removed.
- ☐ **DONATION:** Please provide explanation of property condition, name of organization, and proof of organization's tax-exempt status. Agency must obtain a receipt signature from organization receiving property. **AGENCY MUST HAVE PRIOR AUTHORIZATION BEFORE DONATING PROPERTY. Remove State ID# tag and any State emblems before donating.**
- ☐ **STATE I.D. TAG REQUEST:** Duplicate \_\_\_\_\_ New \_\_\_\_\_  
If NEW, please provide the agency account coding and a copy of the invoice for all items needing a new tag.  
FUND \_\_\_\_\_ AGENCY \_\_\_\_\_ ORG \_\_\_\_\_ ACTIVITY \_\_\_\_\_ OBJECT \_\_\_\_\_ APPR UNIT \_\_\_\_\_  
LOC CODE \_\_\_\_\_ COST \_\_\_\_\_
- ☐ **TRANSFER:** From LOC CODE \_\_\_\_\_ To LOC CODE \_\_\_\_\_  
Signature of Receiving Agency \_\_\_\_\_ Date \_\_\_\_\_
- ☐ **OTHER:** Please provide detailed explanation.

## **REMINDER: REMOVE ALL TAGS PRIOR TO DONATION OR DISPOSAL.**

STATE ID #	DETAILED DESCRIPTION AND CONDITION OF PROPERTY	OFFICE USE ONLY	
		FC or FD Doc	Warehouse #

\_\_\_\_\_  
Signature of Person completing this form

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Agency Approving Authority

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Date